



TRAUMA INITIATIVE OVERVIEW

Revised 2019

INTRODUCTION

The Missouri Department of Mental Health Trauma Initiative aims to educate and support systems, service providers and the general public about Trauma Informed Care.

The science and information around trauma has been rapidly growing.¹ Trauma impacts people from all walks of life. Certain groups are at-risk of experiencing higher rates of trauma including children, families in the child welfare system, children and adults with mental illness and developmental disabilities, youth and adults served in the juvenile and criminal justice system, homeless populations, veteran populations and domestic violence survivors.

Exposure to trauma changes the brain structure and how the brain works. Changes continue even after the traumatic event has passed. The effects of trauma can impact all domains of life by influencing relationships, emotional and behavioral regulation, attention and concentration, substance use, employment capacities and parenting capacities.

Trauma Informed is a change concept that moves individuals and systems toward realizing the widespread impact of trauma and potential pathways toward recovery; recognizing the signs and symptoms of trauma in others; responding by integrating trauma knowledge into policies, procedures and practices and actively resisting re-traumatization.²

DEFINING TRAUMA

“An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”³

Event: Actual or extreme threat of physical or psychological harm or withholding material or relational resources. Can be single or repeated event.

Experience: How the individual assigns meaning to the event or labels the event.

Effects: Results of the individual’s experience of the event.

¹ “The Relationship of Adult Health Status to Childhood Abuse and Household Dysfunction”, published in the *American Journal of Preventive Medicine* in 1998, Volume 14, pages 245–258 [http://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/abstract](http://www.ajpmonline.org/article/S0749-3797(98)00017-8/abstract)

² Concept of Trauma Guidance and Trauma Informed Approach, *The Substance Abuse and Mental Health Services Administration (SAMHSA)*, <https://store.samhsa.gov/system/files/sma14-4884.pdf>

³ Trauma and Violence, *The Substance Abuse and Mental Health Services Administration (SAMHSA)*, <https://www.samhsa.gov/trauma-violence>

|| TERMINOLOGY

Acute Trauma: A traumatic event that occurs as a single incident.

Chronic Trauma: Repeated and prolonged traumatic events.

Complex Trauma: Exposure to different types of trauma and multiple traumatic events.

Public Traumatic Event: When something such as war, terrorism, natural disasters, or crime occurs to a large group of people at the same time. This is a shared traumatic experience and usually not attached to shame.

Private Traumatic Event: When something such as sexual abuse or domestic violence occurs to a person in private. This traumatic experience is often attached to secrecy and shame.

Developmental Trauma: When an infant or toddler experiences trauma and it impairs their normal developmental growth and ability to meet milestones within the expected time frame.

Intergenerational Trauma: When families experience traumatic events across generations and similar traumatic events occur in future generations.

Historical Trauma: The cumulative emotional harm of an individual or generation caused by a traumatic experience or event.

Secondary Traumatic Stress: This occurs when reactions to working with people who have been traumatized mirrors the symptoms of post-traumatic stress disorder.

Trauma Reminders: Feelings, sounds, smells and sensations that reminds a person of a trauma or certain details of a traumatic experience.

Re-Traumatization: When a person interacts with another person or group who is traumatized in a manner that causes them to re-experience trauma.

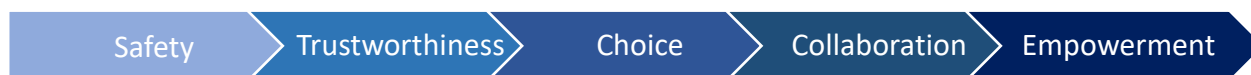
Trauma-Informed: A term that refers to a change concept or paradigm shift in knowledge, perspectives, attitudes and skills regarding the impact of trauma. Sometimes referred to as Trauma Informed Care or Trauma Informed Approach.

Trauma-Informed System: An organization or system that makes an intentional shift toward using trauma informed knowledge to guide policy, procedure and practice decisions at every level of the organization or system.

Trauma-Informed Treatment: Evidence-based treatment approaches specifically designed to be delivered to individuals or groups that have been exposed to trauma.

|| TRAUMA-INFORMED PRINCIPLES

These are the core trauma-informed principles initially outlined by Maxine Harris, PhD and Roger Fallot, PhD of Community Connections.⁴ They are defined by Missouri Model as the following⁵:



Safety: Ensure physical and emotional safety. Recognize and respond to how racial, ethnic, religious, sexual and gender identity may impact safety throughout the lifespan.

Trustworthiness: Foster genuine relationships and practices that build trust, maintain appropriate boundaries and create norms that promote reconciliation and healing. Understand and respond to ways in which explicit and implicit power can affect the development of trusting relationships. Acknowledge and mitigate internal bias and recognize the historic power of majority populations.

Choice: Maximize choice. Address how privilege, power and historic relationships impact both perceptions about and ability to act upon choice.

Collaboration: Honor transparency and self-determination. Seek to minimize the impact of the inherent power differential while maximizing collaboration and sharing responsibility for making meaningful decisions.

Empowerment: Encourage self-efficacy. Identify strengths and build skills which leads to individual pathways for healing while recognizing and responding to the impact of historical trauma and oppression.

|| ADVERSE CHILDHOOD EXPERIENCES (ACE) STUDY

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and later-life health and well-being.⁶

The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors.

What the ACE Study found was that ACEs are common. Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACEs. There was also a strong graded relationship

⁴ Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol
Roger D. Fallot, Ph.D. and Maxine Harris, Ph.D. Community Connections, July, 2009. <https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf> PDF Document

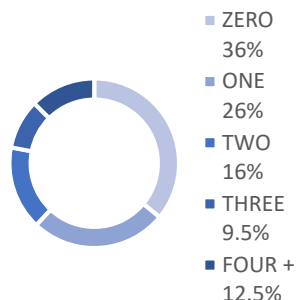
⁵ Missouri Model: A Developmental Framework for Trauma Informed, MO Dept. of Mental Health and Partners (2014)

⁶ Adverse Childhood Experiences Study, The Center of Disease Control and Prevention, <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/>

between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults. The CDC continues ongoing surveillance of ACEs by assessing the medical status of the study participants via periodic updates of morbidity and mortality data.

ACE Study knowledge is often used in trauma-informed care as a way to identify at-risk groups and develop integrated, trauma responsive approaches to treatment to improve overall health and wellness.

Prevalence of ACEs 1998



ADVERSE CHILDHOOD EXPERIENCES

ABUSE

Physical
Sexual
Emotional

NEGLECT

Physical
Emotional

HOUSEHOLD DYSFUNCTION

Separation/Divorce
Physical Illness
Substance Use
Incarceration
Mental Illness
Domestic Violence



The ACE Study found that as the number of ACEs increased, in the absence of protective factors, the risk increased for the following:

- Ischemic Heart Disease
- Liver Disease
- Chronic Obstructive Pulmonary Disease
- Depression
- Suicide Attempts
- Smoking
- Alcoholism and Alcohol Abuse
- Illicit Drug Use
- Poor Academic Achievement
- Poor Work Performance
- Financial Problems
- Intimate Partner Violence
- Multiple Sexual Partners
- Sexually Transmitted Diseases
- Unintended Pregnancies
- Adolescent Pregnancy
- Fetal Death
- Risk for Sexual Violence
- Legal Problems

MISSOURI MODEL: A DEVELOPMENTAL FRAMEWORK TOWARD TRAUMA-INFORMED

Created by Missouri Department of Mental Health and Missouri Trauma Roundtable, this is a framework that individuals, systems and organizations can use to move from their current level of trauma awareness to operating as a fully trauma-informed system over the course of several years. It consists of four stages along the continuum of becoming trauma-informed.



Trauma Aware: Received trauma training and have become aware of the prevalence of trauma and begin to consider how it might impact the people they serve.

Trauma Sensitive: Build consensus around trauma informed principles and begin using the knowledge and applying it to practices. A team of champions are identified to move the organization forward.

Trauma Responsive: Begin to implement change in routines and infrastructure at all levels of the organization. Trauma-Informed services, screenings, crisis response and staff trauma are addressed.

Trauma Informed: Implement trauma-informed into all facets of organization and they are the norm. Business model, policies and procedures reflect trauma-informed. Collaboration with the community is present. Ongoing evaluation helps sustain progress and refine trauma-informed.

PATHWAYS TOWARD RECOVERY

People of all ages can recover from trauma. Recovery does not guarantee complete freedom from trauma symptoms. It is the ability to live in the present and have a good quality of life without being overwhelmed or paralyzed by thoughts and feelings from the past. Recovery is an individual process and may include any of the following pathways:

Protective Factors are things that a person has in place that protects them from ongoing trauma exposure and promotes stability, resiliency and healing. Examples include:

- Supportive family environment and social networks
- Concrete support for basic needs
- Nurturing parenting skills
- Stable family relationships
- Household rules and child monitoring
- Employment
- Education
- Adequate housing
- Access to health care and social services
- Caring adults outside the family who can serve as role models or mentor

Resiliency is the ability for a person to overcome adversity. When people that have been traumatized build resilience, it can be an effective way to recover and heal from past or current trauma.

Treatment is an option for people who have been traumatized and are ready, willing and motivated to address their trauma in a therapeutic environment. The best treatment results occur when a person participates in treatment because of their own motivation, not because they are pressured, threatened or coerced to participate in treatment. Trauma-informed treatment often includes:

- Peer Support Groups
- Individual or Group Therapy (TF-CBT, EMDR, TREM, Seeking Safety, Risking Connections, Sanctuary Model)
- Grief/Loss Counseling
- Coping Skill Building
- Holistic Practices (Mindfulness, Yoga, Meditation)
- Alternative Therapy (Art or Music Therapy)
- Medications

For more information about Missouri Trauma Initiative and Trauma Informed Care contact:

Rachel.Jones@dmh.mo.gov